DEPARTMENT OF PUBLIC SAFETY

LIQUOR LICENSING AND INSPECTION UNIT

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.



| DEPARTMENT USE ONLY | | | | | |
|---------------------|--------|--|--|--|--|
| LICENSE NUMBER: | CLASS: | | | | |
| DEPOSIT DATE: | | | | | |
| AMT. DEPOSITED: | BY: | | | | |
| CK/MO/CASH: | | | | | |

PRESENT LICENSE EXPIRES_____

APPLICATION FOR BREWER OF MALT LIQUORS

\$1,000.00

Check Payable: Treasurer State of Maine

ALL QUESTIONS MUST BE ANSWERED IN FULL

| 1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) | | | 2. Business Name (D/B/A) | | | |
|--|---|---|--|---|--|--|
| Elability Co., etc.) | DOB: | | | | | |
| | DOB: | | | | | |
| | DOB: | | Location (Street Add | lress) | | |
| Address | | | City/Town | State | Zip Code | |
| | | | Mailing Address | | | |
| City/Town | State | Zip Code | City/Town | State | Zip Code | |
| Telephone Number | Fax Number | • | Business Telephone | Number | Fax Number | |
| Federal I.D. # | | | Federal Permit #: | | | |
| Is applicant a corporation If YES, completed Business records are located Is/Are applicant(s) citize Is/Are applicant(s) citize If a corporation, does any as a director or stockholder inYesNo. Is the applicant directly ofNo. | ete Supplementary Q ated at:ens of the United Statens of the State of Ma y officer, director, or any other corporation | uestionnaire. es? ine? stockholder on which is a | _Yes No _Yes No of said corporation have holder of a wholesale l | e in any way an intere icense granted by the | est, directly or indirectly, State of Maine? | |
| of any sort, to any person, ass | sociation, or corporat | ion holding a | a liquor license granted | by the State of Maine | ?? | |
| Yes | No | | | | | |

164 State House Station Augusta Me 04333-0164 Tel: 207-624-7220 Fax: 207-287-3424

| previously authorized by the Department. | |
|--|---|
| NAME (PRINT CLEARLY) | ADDRESS |
| | |
| | |
| | |
| | |
| | |
| 9. It is unlawful for any wholesale lice source of supply within the United State the bottler, the brand owner or the desemble. Documentation of primary source must be I/We agree to comply with Title 28-A, See holder of a certificate of approval shall no | ensee to purchase alcoholic beverages from other than the primary tes. "Primary sources of supply" means the distiller, the brewer, signated agent of any distiller, brewer or brand owner. The included with this application for every brand registered. The ection 1363, MRSA, which provides, in part, that the manufacturer or out, either directly or indirectly, lend any money, credit or equivalent filling out, maintaining or conducting, either in whole or in part, an es- |
| | e sold, with the exception of the usual and customary credit of liquors |
| Dated at: | on |
| | Signature(s) of Applicant(s) or Corporate Officer |
| | Print Name |
| | Signature(s) of Applicant(s) or Corporate Officer |

Print Name

8. Each holder of a Brewer's License shall file with the application a list giving the name and address of each wholesale dealer authorized to distribute products of that Licensed Brewery and designating the exclusive territory assigned to each wholesaler within the State. Wholesalers shall not sell those products to licensees outside of the exclusive territory so allocated and designated, unless